ICICI Life
INSURANCE

ARMED FORCE & PILOT QUESTIONNAIRE

DFE

(QUESTIONS TO BE FILLED BY LIFE TO BE ASSURED)

Full name of life to be assured : **Age :**

Proposal number /Application number : **Advisor code number :**

1. Branch of Service

Army Navy Air Force Coast Guard BSF

2. Rank & details of routine duties involved:

3. State your current posting. Please state location(s), likely length of posting(s), and details of duties involved.

4. Is there any immediate possibility of you being posted to any troubled areas/ High altitudes? Please state location(s), likely length of posting(s), and details of duties involved.

5. Do you handle any explosives or engage in mines or bomb disposal or mine laying duties? If yes, provide complete details.

6. Do you take part in?

(A) Diving Yes No

If yes, then mention the appropriate Max depth involved while diving:

< = 30 Meters 31-100 Meters 101-205 Meters > 250 Meters

(B) Para trooping (Currently pursuing) Yes No

(C) Parachuting Yes No

If yes then mention the approximate jumps involved:

< 25 jumps 26 – 75 jumps 76- 125 jumps 126- 250 jumps > 250 jumps

(D) Commando activities Yes No

(E) Submarine Diving Yes No

7. Do you fly any type of aircraft as part of your duties as a Pilot? Yes No

A. If flying as a pilot then please specify your designation:

Employed pilot Private pilot Flight instructor Trainee pilot

Flight engineer Fighter pilot Pilot with MIG-23 Student pilot

Aircraft engineer Flying Navigator Flight test Engineer Helicopter Pilot

Glider Pilot Air.o.p. Unit Pilot Fighter Pilot Others, pls specify_____

B. Which types of aircraft are you authorized to fly? _____

C. If flying as a pilot then, pls mention the type of license you hold:

Pilots- "B" License Non- commercial Flying- "A" License

D. How many hours flying as a pilot have you completed? _____

< 75 hrs > 75 hrs

E. Do you fly on a regular basis or only for specific cases like testing of aircraft? Please specify.

F. Mention the type of Airlines you fly?

Schedule Airlines Non – schedule airlines

G. If a trainee pilot, then are you still under training Yes No

H. Do you take part in Races other kinds of competition held for flying? Yes No

8. Have you ever had an accident while performing the above duties? (If yes, please give full details) Yes No

9. Please state any other fact regarding your occupation, which you consider important.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Date & Place: d d m m y y y y /

Signature of the Life to be Assured

IL/COMP/DOC/Mar/2020/173/3336